

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024814

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 301

FILED JUN 21 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Adams	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		c. CITY OR TOWN Quincy	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) 2121 E. Wilmar	
3. NAME OF DECEASED (Type or print) Adam Prieopot		4. DATE OF DEATH Month June Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-11-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Co. Sup't		10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and state or country) Lima, Ill.
13a. FATHER'S NAME Edward Prieopot		13b. MOTHER'S MAIDEN NAME Hannah Ketchum	14. NAME OF HUSBAND OR WIFE Lala Prieopot
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Address Lala Prieopot, 2121 E. Wilmar, Quincy, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from June 18, 1963 to June 19, 1963 and last saw him alive on 6/19/63		Death occurred at 1:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature]	22b. ADDRESS Medical Arts Building Joplin, Missouri	22c. DATE SIGNED 6/19/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-19-63	23c. NAME OF CEMETERY OR CREMATORY Adams Co., Quincy, Ill.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Hurlbut-Mix Funeral Home, Joplin, Mo.	25. DATE RECD. BY LOCAL REG. 6-19-1963	26. REGISTRAR'S SIGNATURE Dove Merriam	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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JUN 26 1963

JUN 28 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George L. Muro

Licensed Embalmer No. 5175

P. O. Address Josephine Muro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.